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CONFIRMATION NO. 1325

<b>SERIAL NUMBER</b> 10/822,230	<b>FILING OR 371(c) DATE</b> 04/09/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> BSZ-050
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## APPLICANTS

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## \*\* CONTINUING DATA

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This appln claims benefit of 60/461,483 04/09/2003 and claims benefit of 60/463,076 04/15/2003  
 and claims benefit of 60/502,557 09/11/2003  
 and claims benefit of 60/537,252 01/15/2004  
 and claims benefit of 60/499,247 08/28/2003  
 and claims benefit of 60/532,755 12/24/2003  
 and claims benefit of 60/556,192 03/24/2004

## \*\* FOREIGN APPLICATIONS

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NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 61	TOTAL CLAIMS 141	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>JD</i> Initials: _____				

## ADDRESS

00959

## TITLE

Novel encochleation methods, cochleates and methods of use

<b>FILING FEE RECEIVED</b> 3422	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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